

STATE OF IOWA
Servicemember Family Leave
Application

TO BE COMPLETED BY EMPLOYEE AND PERSONNEL ASSISTANT (please print or type)

Employee Name: _____ SSN: _____

Department: _____ Payroll No.: _____

Bargaining Unit: _____ Status: _____

My spouse is employed by the State of Iowa (check one): Yes No If yes, name the department and verify the number of FMLA hours used during fiscal year (if any): _____

PERIOD OF SERVICEMEMBER LEAVE:

FROM: _____ TO: _____
(Date - must be included to process your application) (Date - if known, indicate if unknown)

CHECK THE APPROPRIATE BOX:

CARE OF A COVERED SERVICEMEMBER (26 WEEK MAXIMUM)
(Servicemember's serious health condition)

Servicemember Name: _____ Relationship: _____

QUALIFYING EXIGENCY LEAVE (12 WEEK MAXIMUM PER FISCAL YEAR)

Servicemember Name: _____ Relationship: _____

Reason for Leave: _____

Certification of physician or practitioner must accompany this form, except in the case of a qualifying exigency. However, completion of this form is required. You may be required to supply further documentation.

I understand that during Servicemember Family Leave, I am required to pay my share of insurance premiums for which I am ordinarily responsible. If premiums are not paid within 30 calendar days of the coverage month, my insurance will be retroactively canceled.

I acknowledge that, if I do not return from leave due to reasons not provided in the Family and Medical Leave Act, I am required to reimburse any premiums paid by the State of Iowa for my insurance while I am on approved Servicemember Family Leave. If reimbursement is not made, insurance coverage will be canceled retroactively to the first of the month following exhaustion of paid leave.

I intend to return to work (check one): Yes No Unknown

Your signature certifies that you have read and understand the information on this form.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Personnel Assistant Verification: _____ Date: _____

Personnel Assistant Telephone Number: _____ () _____

